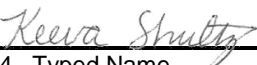
 <div style="display: inline-block; text-align: center;"> United States Environmental Protection Agency Washington, DC 20460 </div>		<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 83529-RAR		2. EPA Product Manager Shaja Joyner	
4. Company/Product (Name) Sharda USA LLC / Sharda Boscalid 23.3% + Prothioconazole 10% SC, ABN: Prabha		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include Zip Code) Sharda USA LLC c/o Wagner Regulatory Associates, Inc. P.O. Box 640 Hockessin, DE 19707 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b) (I), my product is similar or identical in composition and labeling to: EPA Reg. No.: Product Name:	
Section - II			
<input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Notification - Explain below. <input checked="" type="checkbox"/> Other - Explain below.			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) PRIA Code - R320			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging container wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt container	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) HDPE
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1, 2.5, 15, 50, 110, 120, 250, 265, 270 gals	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Keeva Shultz		Title Agent for Sharda USA LLC Telephone No. (Include Area Code) (302) 635-7281 (keeva@wagnerreg.com)	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Agent for Sharda USA LLC	
4. Typed Name Keeva Shultz		5. Date March 17, 2021	